Z-[]	•	APPLICATION	71 '	TERM	INAT	ION RECO	•	Ar h	alion (or D	ocket Nur	nber
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TH				
TOTAL CLAIMS							RATE	F	ΞE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	EE .		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			, minus 20≈		. 31		X\$ 9	=		OR	X\$18=	558
INDEPENDENT CLAIMS			minus 3 ≈		-+		X40=			OR	X80=	1/8
ΜL	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+135	_				1900
* If the difference in column 1 is less than zero, enter "0" in column 2								-		OR	+270=	10-20
CLAIMS AS AMENDED - PART II							TOTA	<u> </u>		OR	TOTAL	1518
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							L ENTI	TY (OR.	OTHER SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	AD: TIOI FE	NAL		RATE	ADDI- TIONAL FEE
Ş	Total	•	Minus	••	0.01347	=	X\$ 9=	:		OR	X\$18=	
ME	Independent	*	Minus	***		=	X40=		\exists	OR	X80=	
	FIRST PRESE		_			• • • • • • • • • • • • • • • • • • • •						
							+135=			OR	+270≃	
							TOTA ADDIT, FE			OR _. A	TOTAL ADDIT. FEE	
	a. Tagang garan angg	(Column 1)		(Colum		(Column 3)						
NDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RATE	ADI TION FEI	IAL		RATE	ADDI- TIONAL FEE
NDN	Total	•	Minus	**		=	X\$ 9=		c	OR	X\$18=	
AMEN	Independent	•	Minus	***		=	X40=	1		DR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
		TOTA ADDIT. FE		\neg	L PR ,	TOTAL DDIT. FEE						
		AUDII. FE	C. 1		^	DDN. FEE						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOL PAID F	st Er Jsly	(Column 3) PRESENT EXTRA	RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE
NO N	Total	•	Minus	••		2	X\$ 9=			R	X\$18=	1 km km
WE	Independent	•	Minus	***	~~~~	E	X40=	 		-	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 	 °	R	V00=	
• 14	ila animila ani -	un d'Indoce des de	a andaz (Ad las side		+135=		0	R	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										سا R AI	TOTAL DDIT. FEE	
Ţ	he "Highest Num	mber Previously Paid ber Previously Paid	iig rop in Thi 1 For" (Total of	S SPACE IS I Independen	ess ther i) is the	n 3, enter "3." highest number i			box in			

FORM PTO-875 (Rev. 8/00)